

NO. OF COPIES RECEIVED		
DISTRIBUTION		
INITIALS		
DATE		
S.G.S.		
AND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL, REDEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator
TEXACO Inc.

Address of Operator
P. O. Box 728, Hobbs, New Mexico 88240

Location of Well
UNIT LETTER **C**, **1980** FEET FROM THE **West** LINE AND **660** FEET FROM
THE **North** LINE, SECTION **25** TOWNSHIP **11-S** RANGE **32-E** NMPM.

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>	
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name John H. Moore	
9. Well No. 12	
10. Field and Pool, or Wildcat Moore Devonian	
12. County Lea	

15. Elevation (Show whether DF, RT, GR, etc.)
4323 DF

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/> Acidize	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Rig up, pull Reda pump.
2. Run packer & 2 3/8" tubing., Set pkr at 10,050'.
3. Acidize perfs w/ 4,000 gals regular 7 1/2% acid w/ 25# /1000 gal. citric acid as an iron sequestering agent. Displace acid w/formation water.
4. Swab
5. Run Reda pump & return to production.

8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *[Signature]* TITLE Asst. Dist. Supt. DATE 5-14-75

APPROVED BY *[Signature]* TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: